

STATE OF NEBRASKA  
FORM NO. DC 6:5(4)  
Rev. 1/08  
Neb. Rev. Stat. 43-2931

**FINAL CHILD INFORMATION  
AFFIDAVIT**

CASE NUMBER:  
(assigned by Clerk of Court)

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA  
(county where Complaint filed)

\_\_\_\_\_,  
(plaintiff's full name)  
Plaintiff,  
  
vs.  
  
\_\_\_\_\_,  
(defendant's full name)  
Defendant.

)  
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**FINAL CHILD  
INFORMATION  
AFFIDAVIT**

STATE OF NEBRASKA )  
 )  
COUNTY OF \_\_\_\_\_ )  
(county where signed)

ss.

I, \_\_\_\_\_, being first duly sworn, state as follows:  
(your full name)

1. I am the \_\_\_\_\_ in this action.  
(plaintiff or defendant)

2. My spouse/the other parent and I have \_\_\_\_\_ child(ren). Their names  
(circle one) (number of children)

and years of birth are:

\_\_\_\_\_  
(full name of child)

\_\_\_\_\_  
(child's year of birth)

\_\_\_\_\_  
(full name of child)

\_\_\_\_\_  
(child's year of birth)

\_\_\_\_\_  
(full name of child)

\_\_\_\_\_  
(child's year of birth)

\_\_\_\_\_  
(full name of child)

\_\_\_\_\_  
(child's year of birth)

3. Following are the names and addresses of all adults with whom the above child(ren) has/have lived for one year or more or, if any child is less than one year old, the names and addresses of all adults with whom such child has lived since birth:

<u>NAME OF ADULT</u>	<u>ADDRESS</u>	<u>NAME OF CHILD</u>	<u>DATES OF RESIDENCE</u>
_____	_____	_____	_____
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
_____	_____	_____	_____
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
_____	_____	_____	_____
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo./yr.)
_____	_____	_____	_____
(name of adult)	(adult's address)	(name of child living with adult)	(from mo./yr. to mo./yr.)

4. During the past 24 months, I have provided for the daily needs of the child(ren) in the following ways:

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(list of daily needs you have provided for the child(ren) in the last 24 months)

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5. During the past 24 months, my spouse/the other parent has provided for  
(circle one)  
the daily needs of the child(ren) in the following ways:

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(list of daily needs your spouse/the other parent has provided for the child(ren) in the last 24 months)

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6. During the past 24 months, the person(s) listed in paragraph 3, other than my spouse/the other parent and me, have provided for the daily needs of the child(ren)  
(circle one)  
in the following ways:

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(describe how)

---

---

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7. The description of my work schedule is as follows:

---

(describe your work schedule)

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---

8. Check the box that applies:

☐ At this time, I do not expect a change to my work schedule.

**OR**

☐ At this time, I expect the following change(s) to my work schedule:

---

(list expected change(s) to your work schedule)

---

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9. The description of my spouse's/the other parent's work schedule is as  
(circle one)  
follows:

---

(describe your spouse's/the other parent's work schedule)

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10. Check the box that applies:

☐ At this time, I do not expect a change to my spouse's/the other  
(circle one)  
parent's work schedule.

**OR**

☐ At this time, I expect the following change(s) to my spouse's/the  
(circle one)  
other parent's work schedule:

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(list expected change(s) to your spouse's/the other parent's work schedule)

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11. My child(ren)'s child-care schedule(s) is/are as follows:

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(list days of the week and times of the day the child(ren) is/are in child care)

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12. ☐ At this time, I do not expect a change to the child(ren)'s child-care  
schedule(s).

**OR**

☐ At this time, I expect the following change(s) to the child(ren)'s child-care schedule(s):

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(list expected change(s) to the child(ren)'s child care-schedule(s))

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13. Check the box that applies:

☐ The child(ren) is/are not involved in any school-related or extracurricular activities.

**OR**

☐ The child(ren) is/are involved in the following school-related or extracurricular activities:

<u>ACTIVITY</u>	<u>PARTY RESPONSIBLE FOR TRANSPORTATION</u>
<hr/> (activity)	<hr/> (party responsible for transportation)
<hr/> (activity)	<hr/> (party responsible for transportation)
<hr/> (activity)	<hr/> (party responsible for transportation)
<hr/> (activity)	<hr/> (party responsible for transportation)

14. Check the box that applies:

☐ There are no circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with my spouse/the other parent that  
(circle one)

would justify any limitation on custody, parenting time, visitation, or other access to the child(ren).

**OR**

- [ ] There are circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with my spouse/the other parent that would  
(circle one)  
justify a limitation on custody, parenting time, visitation, or other access to the child(ren). Following are the details (including details of any previously filed restraining orders, protection orders, or criminal no-contact orders):

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(list circumstances justifying limitation)

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15. Check the box that applies:

- [ ] My spouse/the other parent and I have developed a parenting plan  
(circle one)  
in which we agree about the issues of custody, parenting time, visitation, or other access to the child(ren).

**OR**

☐ My spouse/the other parent and I have not developed a parenting  
(circle one)

plan but we agree on the following:

Check all that apply:

☐ Custody;

☐ Parenting time;

☐ Visitation;

☐ Other access to the child(ren).

**OR**

☐ There is no parenting plan and we do not agree on the issues of  
custody, parenting time, visitation, or other access to the child(ren).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(date) (month) (year)

\_\_\_\_\_  
(print your name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, ZIP code

\_\_\_\_\_  
Telephone number

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

# CERTIFICATE OF SERVICE

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a true  
(date) (month) (year)

copy of the foregoing Final Child Information Affidavit was sent by first-class mail,  
postage prepaid, to my spouse at \_\_\_\_\_  
(spouse's address, including street address, city, state, and ZIP code)

(your name)